

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

State of Wisconsin, Plaintiff

-VS-

_____, Defendant

Name

Address

Date of Birth

**Petition for
Civil Judgment for**

- ☐ **Restitution**
☐ **Court Ordered
Financial
Obligations**

Case No. _____

DOC No. _____

1. The defendant was convicted of the following offense(s) on the following date(s):

Date	Committing Offense	Statute

2. The defendant was released to parole/extended supervision/mandatory release on [mo/day/yr] _____.
This period of supervision expires on [mo/day/yr] _____.

3. The defendant failed to pay the following financial obligations of parole/extended supervision/mandatory release:

- ☐ Restitution *[Indicate below, name and address of victim, and amount unpaid]* ☐ **See attached** listing of victims.

Name	Complete Address	Amount unpaid

- ☐ Victim Witness Surcharge(s). Amount unpaid is \$_____.

- ☐ Other court ordered financial obligations. Amount unpaid is \$_____. **Department of Corrections
financial screen information is attached.**

- ☐ 4. The Department of Corrections requests that the Court enter a civil judgment against the defendant for the
☐ unpaid restitution.
☐ unpaid victim witness surcharge(s).
☐ other unpaid court ordered financial obligations.

Agent

Number of Agent

Date

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